



Paul R. LePage, Governor

MaineCare Services

*An Office of the
Department of Health and Human Services*

Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Primary Care Case Management
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**Department of Health and Human Services
MaineCare Managed Care
Primary Care Case Management
Provider Agreement Rider**

This Rider (hereinafter the “Rider”) is made the date below signed by the State of Maine Department of Health & Human Services (hereinafter the “Department”), the single State agency designated to administer or supervise the administration of MaineCare:

(Name of provider or practice)

Hereinafter the (“Primary Care Case Management Primary Care Provider”) doing business as:

(Name of provider or practice DBA)

Located at: _____
(Location address)

This Rider is effective upon _____ (Date) and remains effective until terminated by either party as set forth in Paragraph 10 of the Terms and Conditions.

Authorized Signatures

In witness thereof, and as consent to the entire Rider, the parties herein have executed this Rider and ratified it by their signatures found below.

Provider

(In the case of a partnership, the Rider is not effective until all partners have signed.

In the case of a corporation, the Rider is not effective until signed by a corporate official authorized to bind the corporation in such agreement.)

By: _____
Primary Care Provider Authorized Signature Title

Provider Name (printed) Date

For DHHS use only: ☐ Approved ☐ Not Approved ☐ Follow up (Attach notes)

Managed Care Program Manager Signature

Date

Director Signature

Date